



TESTIMONY OF
Catherine Rees
BEFORE THE
APPROPRIATIONS COMMITTEE

Friday, February 22, 2013

**HB 6350, AN ACT CONCERNING THE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2015,
AND OTHER PROVISIONS RELATING TO REVENUE**

Good evening. My name is Catherine Rees - I am the Manager of Community Benefit at Middlesex Hospital. I am here today to testify in opposition to **HB 6350, AN ACT CONCERNING THE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2015, AND OTHER PROVISIONS RELATING TO REVENUE.**

Thank you for the opportunity to speak here today.

Within a 3 year time-span, Patient A had 136 emergency department visits at Middlesex Hospital for acute alcoholism, an illness that led to homelessness and multiple arrests. Upon presentation to the ED, Patient A asked for help - in collaboration with multiple community agencies, Middlesex Hospital developed a care plan that included treatment and linkage to housing and Patient A was able to obtain sobriety. After 3 ½ alcohol-free years, Patient A experienced the loss of a loved one, a grief so deep, the once hard-earned sobriety was unable to be sustained.

Patient B has a history of trauma and within a 5 year time-span had 365 emergency department visits at Middlesex Hospital primarily for psychiatric issues. Patient B feels safe in the ED, especially around painful anniversaries. Mental illness and distress cause Patient B to contemplate self-harm – when stable, Patient B enjoys artistic activities, engages in community groups and is hopeful about the future.

In one year, Patient C had 26 visits to the emergency department at Middlesex Hospital due to acute psychiatric illness. Patient C was living in the community in deplorable conditions, was erratic with medication compliance and was unable to achieve self-care. Patient C frequently called the police due to feelings of destabilization, lack of safety and suspicion of potential intruders. When responding, on two occasions, the police found Patient C outside partially dressed and in the snow without boots. Patient C finds comfort in faith when experiencing relief from preoccupied thought.

Middlesex Hospital's purpose is to provide high quality, safe and respectful medical care to everyone who walks through our doors, regardless of ability to pay. We are a not-for-profit, mission-driven entity.

The budget proposed by Governor Malloy will devastate our hospital, patients, staff, and community. Vital programs that need to be heavily subsidized by the hospital will be put in jeopardy.

Middlesex Hospital has a long-standing commitment and history of care for those experiencing psychiatric and co-occurring substance abuse/psychiatric disorders. Annually, our inpatient psychiatric unit serves over 225 people and our outpatient behavioral health programs serve approximately 1,000 community members – fathers, mothers, sons, daughters, brothers, sisters.

CT hospitals spend a great deal of time thoughtfully and efficiently designing programs, oftentimes at a great financial loss to the hospital, that meet the needs of our communities' most at-risk populations – we do this because we know that those who are affected most by behavioral health conditions and social determinants of health frequently require more “hands on” assistance, much of which is not reimbursable.

An example of such an initiative is the Community Care Team – or CCT - an innovative and grass-roots program grounded in a common vision, collective expertise and creativity, and a deep concern for our community's most vulnerable population. The CCT is comprised of 9 community agencies that specialize in the delivery of care for patients experiencing substance abuse and/or mental disorders. The team's goal is to, through multi-agency collaboration, improve health outcomes and quality of life for its shared population. During weekly meetings, histories are shared and comprehensive, individualized patient-centered care plans of wrap around services are developed.

Patients A, B and C are among patients who are case-managed by the Community Care Team.

When Patient A returned to our ED despondent over familial loss and resumption of drinking, within a week, the Community Care Team enacted a plan for treatment which enabled Patient A to regain sobriety and return to stable community living. To ensure that Patient B feels safe in the community, the CCT has implemented plans of linkage to supports – the result has been a 50% reduction in hospital visits. For Patient C's acute psychiatric state, Middlesex Hospital worked with CCT partners to secure conservatorship and inpatient living until a period of stabilization is achieved.

The numbers have been impressive: within the CCT's first 6 months of intervention, ED visits were reduced by 160 visits, inpatient visits were reduced by 21 visits, and costs were reduced by \$155,960 – but the true measure of success is the improvement in quality of life as exemplified by sobriety, mental health stabilization, reduced homelessness, re-entry to the workforce, re-connection to family, pursuit of higher education, achievement of feelings of self-worth and respect, and statements like, “the Community Care Team saved my life”.

For Middlesex Hospital, the governor's recent proposal will result in a reduction of \$18 million over the next two years; this will force Middlesex to consider significant cuts to unprofitable service lines, ones which are currently heavily subsidized by the hospital and provide safety net programs for our community's most vulnerable and underserved. People - like Patients A, B and C will be **directly** affected as programs that function at a loss, like the Community Care Team, will come under scrutiny. The long term-financial impact to **both** hospitals and the state will be detrimental.

A change in the delivery of healthcare is necessary, but not at the expense of those most in need. Prior to these proposed cuts, we urge you to engage in constructive, collaborative and creative discussion with hospital leadership – one which considers a re-design of the Medicaid program and supports innovative initiatives in lieu of deep cuts. Together we can develop solutions that are fiscally sound, but more importantly, deliver effective, collaborative and quality care to CT's at-risk residents.